PAYROLL

Wage and Hour Division (For Contractor's Optional Use; See Instructions at www.dol.gov/whd/forms/wh347instr.htm)



Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number.

| NAME OF CONTRACTOR OR SUBCONTR | | L1 aVega, LLC | | | | | | | ADDRE | 9016 Cow Perry Hall, | enton Avenu , MD 21128 | е | | | | | OMB No.: Expires: | 1235-0008 01/31/2015 |
|--|-------------------------------------|----------------------------|-------|-----------------|-----|--------------|----------|----------|----------------------|---|---------------------------|-----------|-------------------------|----------------------|----------------|-------------|----------------------|-------------------------|
| PAYROLL NO. 001 | | FOR WEEK ENDING | | 5/06/2017 | , | | | | PROJE NAC 3801 | CT AND LOCATION Hot Water Lo Nebraska Av | on op enue, NW, V | /ashingto | n, DC 200° | 18 | PROJECT C | OR CONTRACT | T NO. | |
| (1) | (2) SNOI | (3) | R ST. | S M | | Y AND | | SA | (5) | (6) | (7) | | | DEDU | (8) UCTIONS | | | (9) NET |
| NAME AND INDIV DUAL DENT FY NG NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER | NO. OF WITHHOLDING EXEMPTIONS | WORK CLASSIFICATION | OT. 0 | 4/3 5/C HOUR | | 5/C DRKED | | 5/C | TOTAL HOURS | RATE OF PAY | GROSS AMOUNT EARNED | FICA | WITH- HOLDING TAX | State Withholding | | OTHER | TOTAL DEDUCTIONS | WAGES PAID |
| b) (6) | | Owner/Supervisor/O perator | o | | | | | | 0 | (b) (4) | | | | | | | | |
| | | (Salary Pay) | s | | 8.5 | 8.5 | | | 17 | | | | | | | | | |
| | 4 | Foreman | 0 | | | | | | 0 | | | | | | | | | |
| | Ļ | | s | | 8.5 | 8.5 | | | 17 | | | | | | | | | |
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While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3 3, 5.5(a). The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S.Is are contractors (J.S.) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payroll and complete and that each leaferst contractors are contractors of the project Davis-Bacon prevailing wages and fringe heads to the project Davis-Bacon prevailing wages and fringe heads head that the project Davis-Bacon prevailing wages and fringe heads head that the project Davis-Bacon prevailing wages and fringe heads head that the project Davis-Bacon prevailing wages and fringe heads head that the project Davis-Bacon prevailing wages and fringe heads head that the project Davis-Bacon prevailing wages and fringe heads head that the project Davis-Bacon prevailing wages and fringe heads head that the project Davis-Bacon prevailing wages and fringe heads head that the project Davis heads head that the project Davi

Public Burden Statement

Date

05/12/2017

| | Date | |
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| L | (C) | |

| (Name of Signatory | Party) | | (Title) | |
|--|---|--|--|--|
| do hereby state: | | | | |
| (1) That I pay or supervise the | payment of the pers | sons employed by | | |
| ., ., . | DeLa∀ega, L | LC . | | on the |
| (Co | ntractor or Subcon | tractor) | | , on the |
| NAC Hot Water L | _oop | _; that during the payro | oll period commencing | on the |
| | | | | 2017 |
| 30th day of April , all persons employed on said proje | | | | , |
| been or will be made either directly of | or indirectly to or on | behalf of said | amed, that no rebate | :S Have |
| | DeLa∀ega, LL | С | fror | n the full |
| (C | ontractor or Subco | ntractor) | | n alo iai |
| 3 (29 C.F.R. Subtitle A), issued by the 63 Start. 108, 72 Stat. 967; 76 Stat. | he Secretary of Labo 357; 40 U.S.C. § 31 | or under the Copeland A 45), and described belo | Act, as amended (48 s | Stat. 948 |
| | | | | <u> </u> |
| (2) That any payrolls otherwise correct and complete; that the wage applicable wage rates contained classifications set forth therein for each of the complete states and the complete states are registered with the Bureau state, are registered with the Bureau states. | e rates for laborers of in any wage det er ach laborer or mech ployed in the abo with a State appr States Department | or mechanics contained mination incorporated anic conform with the w v e period are duly ent iceship agency re- of Labor, or if no such | therein are not less to int o t he c ontract; t lork he performed. registered in a bord cognized by the Burrecognized agency ex | han the hat t he na fide reau of ists in a |
| (4) That: (a) WHERE FRINGE BEN — in addition to the above re have been | IEFITS ARE PAID T the basic hourly wa ferenced payroll, pa | O APPROVED PLANS, age rates paid to each ayments of fringe bene to appropria te progra n | FUNDS, OR PROGR | RAMS listed in |

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in section 4(c) below.

| EXCEPTION (CRAFT) | EXPLANATION |
|---|-------------|
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| | |
| | |
| REMARKS: Payroll #1 | |
| | (b) (6) |
| NAME AND TITLE Anthony DeLaVega | <u> </u> |
| THE WILLFUL FALSIFICATION OF ANY OF THE A SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUT 31 OF THE UNITED STATES CODE. | |

PAYROLL

Wage and Hour Division

(For Contractor's Optional Use; See Instructions at www.dol.gov/whd/forms/wh347instr.htm)

U.S. Wage and Hour Division

Rev. Dec. 2008

Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number.

| NAME OF CONTRACTOR OR SUBCONTRACTOR DeLaVega, LLC | | | | | | | | ADDRESS 9016 Cowenton Avenue Perry Hall, MD 21128 | | | | | | | | OMB No.: Expires: | : 1235-0008 01/31/2015 | |
|--|-------------------------------------|----------------------------|-----------------|----------|---------|---------------|---------------|--|----------------|----------------|---------------------------|-----|-------------------------|----------------------|----------------|----------------------|---------------------------|---------------|
| PAYROLL NO. 002 | | | FOR WEEK ENDING | | | | | PROJECT AND LOCATION PROJECT OR CONTRACT NO. NAC Hot Water Loop 3801 Nebraska Avenue, NW, Washington, DC 20018 | | | | | | | | ΓNO. | | |
| (1) | (2) ONS ONS | (3) | R ST. | S M | DAY AN | | F | SA | (5) | (6) | (7) | | | DED | (8) UCTIONS | | | (9) NET |
| NAME AND INDIV DUAL DENT FY NG NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER | NO. OF WITHHOLDING EXEMPTIONS | WORK CLASSIFICATION | O.TO | 5/C 5/C5 | /C 5/ | 15/1 D EAC | 5/1 CH DAY | 5/1 ′ | TOTAL HOURS | RATE OF PAY | GROSS AMOUNT EARNED | FCΔ | WITH- HOLDING TAY | State Withholding | | OTHER | TOTAL DEDUCTIONS | WAGES PAID |
|) (6) | | Owner/Supervisor/O perator | 0 | | | | | | 0 | (b) (4) | | | | | | | | |
| | | (Salary Pay) | s | | \perp | | Ш | | 0 | | | | | | | | | |
| | 4 | Foreman | 0 | | | _ | | | 0 | | | | | | | | | |
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While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3 3, 5.5(a). The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S.Is performed to Labor (Dolt) regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payroll payrolls to the Federal and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe beliefts.

Public Burden Statement

05/19/2017

| (8) | | | | | (b) WHERE I MINOE B |
|--|--|---|--------------------------------|--------------------------------|---|
| (Name of Signatory | Party) | | Title) | | ☐ - Each |
| do hereby state: | uity) | (| riucj | | as in basic in the |
| (1) That I pay or supervise the | payment of the persons empk | oyed by | | | |
| | DeLa∨ega, LLC | | on the | (c) EXCEPTIONS | |
| (Co | ontractor or Subcontractor) | | | Gruic | EXCEPTION |
| NAC Hot Water L | ncing on the | | | | |
| (Building or Work) 7th day of May | | 3th day of | May | | |
| all persons employed on s aid proje been or will be made either directly | • | , , | d, that no re | ebates have | |
| | DeLa∀ega, LLC | | | from the full | |
| (C | contractor or Subcontractor) | | | | |
| weekly wages earned by any perso from the full wages earned by any p 3 (29 C.F.R. Subtitle A), issued by tl 63 Start. 108, 72 Stat. 967; 76 Stat. | erson, other than permiss ble on the Secretary of Labor under the | deductions as defi ne Copeland Act, a | ined in Regu | ılations, Part | |
| | | | | | |
| | | | | | DEMARKO: |
| (2) That any payrolls otherwise correct and complete; that the wage applicable wage rates contained classifications set forth therein for e | e rates for laborers or mechani in any wage det ermination i | ics contained ther incorporated int o | ein are not le t he c ontra | ess than the ct; t hat t he | REMARKS: Payroll #2 |
| (3) T hat any apprent ices em apprenticeship program regis tered Apprenticeship and Training, United State, are registered with the Burea | with a State apprent iceship States Department of Labor, of | p agency recogn or if no such recog | ized by the gnized agend | Bureau of cy exists in a | |
| (4) That: (a) WHERE FRINGE BEN | IEFITS ARE PAID TO APPRO | VED PLANS, FUN | NDS, OR PR | OGRAMS | NAME AND TITLE Anthony DeLaVega |
| the above re have been | the basic hourly wage rates preferenced payroll, payments or will be made to appropriexcept as noted in section 4(c) | of fringe bene fits a ia te progra ms fo | as listed in | the contract | THE W LLFUL FALSIFICATION SUBCONTRACTOR TO CIV L OR 31 OF THE UNITED STATES COD |

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

 Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in section 4(c) below.

| EXCEPTION (CRAFT) | EXPLANATION |
|---|-------------|
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| | |
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| REMARKS: Payroll #2 | |
| | (b) (6) |
| | (-) (-) |
| NAME AND TITLE Anthony DeLaVega | |
| THE WILLFUL FALSIFICATION OF ANY OF THE ABO SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. | |

PAYROLL

Wage and Hour Division

(For Contractor's Optional Use; See Instructions at www.dol.gov/whd/forms/wh347instr.htm)

U.S. Wage and Hour Division

Rev. Dec. 2008

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| - | OR SUBCONTRACTOR | | | | | | | ADDRESS 9016 Cowenton Avenue Perry Hall, MD 21128 | | | | | | | OMB No.: | 1235-0008 01/31/2015 | | |
|--|---------------------|----------------------------|----------|---------|----------|----------|--------------|---|--------------|----------------|------------------|------|----------------|----------------------|----------------|-------------------------|------------------|------------------|
| | LaVega, LLC | | | | | | | | | | | | | | | | | 01/31/2015 |
| PAYROLL NO. 003 | FOR WEE | FOR WEEK ENDING 05/20/2017 | | | | PI | ROJE(VAC | CT AND LOCATION Hot Water Lo | OR CONTRACT | T NO. | | | | | | | | |
| 003 | | 03/20/2017 | | | | | 3 | 3801 Nebraska Avenue, NW, Washington, DC 20018 | | | | | | | | | | |
| | 2) (3) | | Т | (4) [| DAY AND | DATE | E | | (5) | (6) | (7) | | | | (8) | | | (9) |
| | WORK CLASSIFICA | | ST. | S M 7 | ΓW | ΤH | F | SA | | | | | | DED | (8) UCTIONS | | | NET |
| NAME AND INDIV DUAL DENT FY NG NUMBER | MPTIO | | <u>.</u> | /15/15/ | | | | 3/2 | l | | GROSS | | WITH- | State Withholding | | | | NET WAGES |
| (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY 9 NUMBER) OF WORKER 9 | WORK CLASSIFICA | TION | ٥ | HOURS V | | | | | OTAL OURS | RATE OF PAY | AMOUNT EARNED | FICA | HOLDING TAX | Withholding | | OTHER | TOTAL DEDUCTIONS | PAID FOR WEEK |
| 0) (6) | Owner/Super | visor/O | o | | | | | | 0 | (b) (4) | | | | | | | | |
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While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3 3, 5.5(a). The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S.Is performed to Labor (Dolt) regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payroll payrolls to the Federal and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe beliefts.

Public Burden Statement

| O | 5 | 12 | 6 | 12 | O | 1 | 7 |
|---|---|----|---|----|---|---|---|
| | | | | | | | |

| | Date |
|-----|------|
| (h) | (6) |
| (P) | (0) |

| do hereby state: | | | | | | | |
|---|--|--|--|--|--|--|--|
| (1) That I pay or supervise the payment of the persons employed by | | | | | | | |
| on the | | | | | | | |
| (Contractor or Subcontractor) | | | | | | | |
| NAC Hot Water Loop ; that during the payroll period commencing on the | | | | | | | |
| (Building or Work) 14th day of May 2017, and ending the 20th day of May 2017 | | | | | | | |
| all persons employed on s aid project have been paid t he full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said | | | | | | | |
| DeLaVega, LLC from the full | | | | | | | |
| (Contractor or Subcontractor) | | | | | | | |
| weekly wages earned by any person and t hat no deduc tions have been m ade either directly or indirectly from the full wages earned by any person, other than permiss ble deductions as defined in Regulations, Part 3 (29 C.F.R. Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Start. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below: | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| (2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage det ermination incorporated int o t he c ontract; t hat t he classifications set forth therein for each laborer or mechanic conform with the work he performed. | | | | | | | |
| (3) T hat any apprent ices em ployed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor. | | | | | | | |
| (4) That: (a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS | | | | | | | |
| in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe bene fits as listed in the contract have been or will be made to appropria te progra ms for the bene fit of such employees, except as noted in section 4(c) below. | | | | | | | |

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in section 4(c) below.

| EXCEPTION (CRAFT) | EXPLANATION |
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| REMARKS: Payroll #3 | |
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| | (b) (6) |
| NAME AND TITLE Anthony DeLaVega | sı |
| THE WILLFUL FALSIFICATION OF ANY OF THE ABOVI SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. S 31 OF THE UNITED STATES CODE. | EST SEE SECTION 1001 OF TITLE 18 AND SECTION 23 FOF TITLE |

PAYROLL

Wage and Hour Division

(For Contractor's Optional Use; See Instructions at www.dol.gov/whd/forms/wh347instr.htm)

U.S. Wage and Hour Division

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Rev. Dec. 2008

| DeLaVega, LLC | | | | | | | | , | Perry Hall, MD 21128 | | | | | | | OMB No.: Expires: | 1235-0008 01/31/2015 | |
|--|-------------------------------------|----------------------------|-------|-----------------------|------------------|-----|--|----------|----------------------|----------------|---------------------------|------|-------------------------|----------------------|----------------|----------------------|-------------------------|---------------|
| PAYROLL NO. 004 | | FOR WEEK ENDING 05/27/2017 | | | | | PROJECT AND LOCATION PROJECT OR CONTRACT NO. NAC Hot Water Loop 3801 Nebraska Avenue, NW, Washington, DC 20018 | | | | | | | | | | | |
| (1) | (2) CDING CONS | (3) | R ST. | S M | DAY AND | | | SA | (5) | (6) | (7) | | | DEDU | (8) UCTIONS | | | (9) NET |
| NAME AND INDIV DUAL DENT FY NG NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER | NO. OF WITHHOLDING EXEMPTIONS | WORK CLASSIFICATION | OT. 0 | 5/2 5/25/ HOURS V | /2 5/2 WORKED | 5/2 | 5/2 1 DAY | 5/2 ′ | TOTAL HOURS | RATE OF PAY | GROSS AMOUNT EARNED | FICA | WITH- HOLDING TAX | State Withholding | | OTHER | TOTAL DEDUCTIONS | WAGES PAID |
|) (6) | | Owner/Supervisor/O perator | 0 | | | | | | 0 | (b) (4) | | | | | | | | |
| | | (Salary Pay) | s | $\sqcup \!\!\! \perp$ | | Ц | | | 0 | | | | | | | | | |
| | 4 | Foreman | 0 | $\sqcup \bot$ | | | | | 0 | | | | | | | | | |
| | | | s | $\sqcup \bot$ | | | | | 0 | | | | | | | | | |
| | | | 0 | $\sqcup \sqcup$ | | Н | | | 0 | | | | | | | | 0 | 0 |
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While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3 3, 5.5(a). The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S.Is are contractors (J.S.) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payroll and complete and that each leaferst contractors are contractors of the project Davis-Bacon prevailing wages and fringe heads to the project Davis-Bacon prevailing wages and fringe heads head that the project Davis-Bacon prevailing wages and fringe heads head that the project Davis-Bacon prevailing wages and fringe heads head that the project Davis-Bacon prevailing wages and fringe heads head that the project Davis-Bacon prevailing wages and fringe heads head that the project Davis-Bacon prevailing wages and fringe heads head that the project Davis-Bacon prevailing wages and fringe heads head that the project Davis-Bacon prevailing wages and fringe heads head that the project Davis heads head that the project Davi

Public Burden Statement

| | 06/02/2017 |
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| | 06/02/2017 |
| Date | 00/02/2017 |

h) (6)

| do hereby state: | | | | | | | | |
|---|--|---|--|--|---|--|--|--|
| (1) That I pay or supervise the p | payment of the per | sons employ | ed by | | | | | |
| | DeLa∀ega, I | LLC | | | on the | | | |
| (Cor | ntractor or Subcon | tractor) | | | on the | | | |
| NAC Hot Water L | оор | _; that durin | g the payroll per | riod commen | cing on the | | | |
| (Building or Work) | | | | | | | | |
| 21stday ofMay, | | ing the 27t | th_day of | Мау | _, | | | |
| all persons employed on s aid project been or will be made either directly o | | | | d, that no re | bates have | | | |
| | DeLa∀ega, LL | .C | | | from the fu | | | |
| (Co | ontractor or Subco | ntractor) | | | | | | |
| weekly wages earned by any person from the full wages earned by any pe 3 (29 C.F.R. Subtitle A), issued by th 63 Start. 108, 72 Stat. 967; 76 Stat. 3 | erson, other than pe le Secretary of Lab | ermiss ble de or under the | ductions as defi | ned in Regul | ations, Part | | | |
| | | | | | | | | |
| | | | | | | | | |
| (2) That any payrolls otherwise correct and complete; that the wage applicable wage rates contained it classifications set forth therein for ea (3) T hat any apprent ices em apprenticeship program regis tered Apprenticeship and Training, United States | rates for laborers of any wage det entire laborer or mechaborer or mechaborer in the about the a | or mechanics rmination indianic conform by e period rent iceship of Labor, or | s contained there corporated int o n with the work h are duly regis agency recogni if no such recog | ein are not le t he c ontrac ie performed stered in a ized by the inized agenc | ss than the t; t hat t he bona fide Bureau of y exists in a | | | |
| State, are registered with the Bureau (4) That: (a) WHERE FRINGE BENE | | J | | | | | | |
| the above refo have been o | the basic hourly waterenced payroll, pour will be made to accept as noted in se | ayments of to appropria | fringe bene fits a te progra ms fo | as listed in t | he contract | | | |

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

| <u> </u> | Each laborer or mechanic listed in the above referenced payroll has been paid |
|----------|--|
| | as indicated on the payroll, an amount not less than the sum of the applicable |
| | basic hourly wage rate plus the amount of the required fringe benefits as listed |
| | in the contract, except as noted in section 4(c) below. |

| EXCEPTION (CRAFT) | EXPLANATION |
|---|-------------|
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| | |
| REMARKS: Payroll #4 | |
| | |
| | |
| | (b) (6) |
| NAME AND TITLE Anthony DeLaVega | |
| THE WILLFUL FALSIFICATION OF ANY OF THE ABOV SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. S 31 OF THE UNITED STATES CODE. | E E E |

PAYROLL

Wage and Hour Division

(For Contractor's Optional Use; See Instructions at www.dol.gov/whd/forms/wh347instr.htm)

U.S. Wage and Hour Division

Rev. Dec. 2008

Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number.

| DeLaVega, LLC | | | | | | | | | Perry Hall, MD 21128 | | | | | | | OMB No.: Expires: | : 1235-0008 01/31/2015 | | |
|---|-------------------------------------|----------------------------|-------|-----------------|----------|-------------|--|-----|----------------------|----------------|----------------|---------------------------|------|-------------------------|----------------------|----------------------|---------------------------|---------------------|---------------|
| PAYROLL NO. 005 | | FOR WEEK ENDING 06/03/2017 | | | | | PROJECT AND LOCATION PROJECT OR CONTRACT NO. NAC Hot Water Loop 3801 Nebraska Avenue, NW, Washington, DC 20018 | | | | | | | | | | | | |
| (1) | (2) SNOI SNOI | (3) | R ST. | S M | | W ANI | | | SA | (5) | (6) | (7) | | | DED | (8) OUCTIONS | | | (9) NET |
| NAME AND INDIV DUAL DENT FY NG NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY | NO. OF WITHHOLDING EXEMPTIONS | WORK CLASSIFICATION | OT. O | 5/2 5/2 HOUR | | 5/3 ORKE | | | | TOTAL HOURS | RATE OF PAY | GROSS AMOUNT EARNED | FICA | WITH- HOLDING TAX | State Withholding | ı | OTHER | TOTAL DEDUCTIONS | WAGES PAID |
|) (0) | | Owner/Supervisor/O perator | o | | | | | | | 0 | (b) (4) | | | | | | | | |
| | | (Salary Pay) | s | | 9 | 13.5 | 8.5 | 8.5 | | 39.5 | | | | | | | | | |
| | 4 | Foreman | 0 | | L | _ | _ | | | 0 | | | | | | | | | |
| | | Unskilled | s | | 9 | 13.5 | 8.5 | 8.5 | | 39.5 | | | | | | | | | |
| | 4 | Laborer | 0 | | L | - | | - | | 0 | | | | | | | | | |
| | | | s | | 9 | 13.5 | 8.5 | 8.5 | | 39.5 | | | | | | | | | |
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| | ┢ | | 0 | | ┢ | _ | | ┢ | | | | | | | | - | | | |
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While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3 3, 5.5(a). The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S.Is are contractors (J.S.) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payroll and complete and that each leaferst contractors are contractors of the project Davis-Bacon prevailing wages and fringe heads to the project Davis-Bacon prevailing wages and fringe heads head that the project Davis-Bacon prevailing wages and fringe heads head that the project Davis-Bacon prevailing wages and fringe heads head that the project Davis-Bacon prevailing wages and fringe heads head that the project Davis-Bacon prevailing wages and fringe heads head that the project Davis-Bacon prevailing wages and fringe heads head that the project Davis-Bacon prevailing wages and fringe heads head that the project Davis-Bacon prevailing wages and fringe heads head that the project Davis heads head that the project Davi

Public Burden Statement

| Date | 06/09/2017 | | | | | | |
|---------------------|---|---|----------------------|---------------------------|---------------------------|---------------------------------|-----------------------------------|
| (6) | | | | | | | |
| | (Name of Signatory | Party) | | | | (Title) | |
| do herel | by state: | 7, | | | | (/ | |
| (4) | That I now ar aumantica th | a normant of the ne | | anlawad b | | | |
| (1) | That I pay or supervise the | e payment of the pe DeLa∀ega | | npioyea b | y | | |
| | (C | contractor or Subco | |) | | | on the |
| | NAC Hot Water | | a navroll r | period comme | encing on the | | |
| | (Building or Work) | | , ulat | during un | payron p | chod comme | incing on the |
| 28th | day ofMay | , 2017 , and er | nding the | 3rd (| day of | June | |
| | ons employed on s aid proj will be made either directly | ect have been paid | t he full | weekly w | | | rebates have |
| | | DeLa∀ega, l | LC | | | | |
| | ((| Contractor or Subo | contracto | r) | | | _ from the full |
| weekly | wages earned by any pers | | | • | n m ade 6 | ait her directly | or indirectly |
| 3 (29 C. | full wages earned by any F.R. Subtitle A), issued by . 108, 72 Stat. 967; 76 Stat | the Secretary of La | bor unde | r the Cop | eland Act | , as amended | ulations, Part I (48 Stat. 948 |
| | | | | | | | |
| (2) | That any payrolls otherwis | se under this contr | act require | ed to be s | uhmitted | I for the above | e period are |
| correct a | and complete; that the wag ole wage rates contained ations set forth therein for | je rates for laborers in any wage det | or mech erminatio | nanics cor on incorp | ntained the orated int | erein are not o t he c ontra | less than the act; t hat t he |
| apprenti Apprent | T hat any apprent ices er iceship program regis tere iceship and Training, Unite re registered with the Bure | d w ith a St ate ap d States Departme | prent ices | ship ager or, or if no | ncy recog | nized by the ognized agen | e Bureau of |
| (4) | That: (a) WHERE FRINGE BE | NEFITS ARE PAID | TO APPI | ROVED F | LANS, F | JNDS, OR PF | ROGRAMS |
| | the above r have been | o the basic hourly eferenced payroll, or will be made except as noted in | payments to appro | s of fringopria te pr | e bene fits ogra ms | as listed in | the contract |

06/09/2017

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in section 4(c) below.

| EXCEPTION (CRAFT) | EXPLANATION |
|--|-------------|
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| | |
| | |
| | |
| REMARKS: Payroll #5 | |
| | (b) (6) |
| NAME AND TITLE Anthony DeLaVega | SI |
| THE WILLFUL FALSIFICATION OF ANY OF THE ABOVES SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SIGN OF THE UNITED STATES CODE. | E ST SEE |